

ROUTING AND TRANSMITTAL SLIP

Date

170 JAN 1984

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. DD/PERS	<i>[Signature]</i>	
2. <i>D/Pers</i>	<i>[Signature]</i>	
3. <i>C/ISS</i>	<i>[Signature]</i>	<i>1/12</i>
4. <input type="checkbox"/>		STAT
5. <input type="checkbox"/>		
6. <input type="checkbox"/>		
7. <input type="checkbox"/>		
8. <input type="checkbox"/>		
9. <input type="checkbox"/>		
10. <input type="checkbox"/>		
11. <input type="checkbox"/>		
12. <input type="checkbox"/>		
13. <input type="checkbox"/>		
14. <input type="checkbox"/>		
15. <input type="checkbox"/>		
16. <input type="checkbox"/>		
17. <input type="checkbox"/>		
18. <input type="checkbox"/>		
19. <input type="checkbox"/>		
20. <input type="checkbox"/>		
21. <input type="checkbox"/>		
22. <input type="checkbox"/>		
23. <input type="checkbox"/>		
24. <input type="checkbox"/>		
25. <input type="checkbox"/>		
26. <input type="checkbox"/>		
27. <input type="checkbox"/>		
28. <input type="checkbox"/>		
29. <input type="checkbox"/>		
30. <input type="checkbox"/>		
31. <input type="checkbox"/>		
32. <input type="checkbox"/>		
33. <input type="checkbox"/>		
34. <input type="checkbox"/>		
35. <input type="checkbox"/>		
36. <input type="checkbox"/>		
37. <input type="checkbox"/>		
38. <input type="checkbox"/>		
39. <input type="checkbox"/>		
40. <input type="checkbox"/>		
41. <input type="checkbox"/>		
42. <input type="checkbox"/>		
43. <input type="checkbox"/>		
44. <input type="checkbox"/>		
45. <input type="checkbox"/>		
46. <input type="checkbox"/>		
47. <input type="checkbox"/>		
48. <input type="checkbox"/>		
49. <input type="checkbox"/>		
50. <input type="checkbox"/>		
51. <input type="checkbox"/>		
52. <input type="checkbox"/>		
53. <input type="checkbox"/>		
54. <input type="checkbox"/>		
55. <input type="checkbox"/>		
56. <input type="checkbox"/>		
57. <input type="checkbox"/>		
58. <input type="checkbox"/>		
59. <input type="checkbox"/>		
60. <input type="checkbox"/>		
61. <input type="checkbox"/>		
62. <input type="checkbox"/>		
63. <input type="checkbox"/>		
64. <input type="checkbox"/>		
65. <input type="checkbox"/>		
66. <input type="checkbox"/>		
67. <input type="checkbox"/>		
68. <input type="checkbox"/>		
69. <input type="checkbox"/>		
70. <input type="checkbox"/>		
71. <input type="checkbox"/>		
72. <input type="checkbox"/>		
73. <input type="checkbox"/>		
74. <input type="checkbox"/>		
75. <input type="checkbox"/>		
76. <input type="checkbox"/>		
77. <input type="checkbox"/>		
78. <input type="checkbox"/>		
79. <input type="checkbox"/>		
80. <input type="checkbox"/>		
81. <input type="checkbox"/>		
82. <input type="checkbox"/>		
83. <input type="checkbox"/>		
84. <input type="checkbox"/>		
85. <input type="checkbox"/>		
86. <input type="checkbox"/>		
87. <input type="checkbox"/>		
88. <input type="checkbox"/>		
89. <input type="checkbox"/>		
90. <input type="checkbox"/>		
91. <input type="checkbox"/>		
92. <input type="checkbox"/>		
93. <input type="checkbox"/>		
94. <input type="checkbox"/>		
95. <input type="checkbox"/>		
96. <input type="checkbox"/>		
97. <input type="checkbox"/>		
98. <input type="checkbox"/>		
99. <input type="checkbox"/>		
100. <input type="checkbox"/>		

REMARKS

Attached is a listing of items that Judy Cahill plans to explore in the Health Benefits Area. We are ready to give her an ok to proceed, but wanted your agreement before we did this. We believe Judy's outline covers the crucial areas we need to address. Let me know if you feel otherwise.

STAT

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
DD/PERS/SP	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA
FPMR (41 CFR) 101-11.206

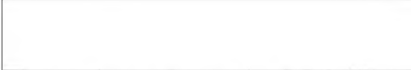
☆ GPO : 1981 O - 361-529 (148)

HAY ASSOCIATES
MEMBER - THE HAY GROUP

Management Consultants

1110 VERMONT AVENUE, N.W. • WASHINGTON D.C. 20005 • (202) 833-9250

January 6, 1983


Central Intelligence Agency
McLean, VA

Dear Joe:

Enclosed is the outline of items we intend to address in the options paper. Each item will be described and appropriate pros and cons will be included.

Should you have any additional ideas or refinements in the schedule, please let me know.

Sincerely,



Judith A. Cahill
Vice-President

Enclosure.

Discussion Paper -- 1985 Association
Benefit Plan Options

I. Items for discussion

A. Plan redesign

1. Introduction of a low option
2. General restructuring -- introduction of a uniform across-the-board deductible and varying levels of co-payments thereafter.
3. Introduction of items enrollees view as plan deficiencies
 - a) dental
 - b) routine physicals
 - c) use of skilled nursing facilities
 - d) separate mental health catastrophic protection
4. Limited provision changes only
 - a) pre-admission testing
 - b) mandatory second surgical opinion

B. Alternative funding mechanisms

1. Use of a minimum premium arrangement
2. Purchase of re-insurance
3. Review of current premium setting process

C. Consideration of other underwriters

1. Review of current underwriter's role
2. Request and review of alternate bids, if appropriate

D. Consideration of a special agency initiative

1. Feasibility of a special agency contribution per covert enrollee

2. Feasibility of legislative action for a special Government contribution
 3. Establishment of employee assistance programs to supplement health benefits provisions
- E. Employee communication program
1. Education of enrollees in effective use of health care
 2. Encouragement of healthier life-styles
 3. Feasibility of employee sponsored health awareness/promotion sessions.

II. Scheduling

- A. Refinement of discussion paper outline; delivery of requested data -- week of 1/9/84
- B. Draft discussion paper -- week of 1/30/84
- C. Final discussion paper -- week of 2/13/84
- D. Presentation to Board -- latter part of February 1984
- F. Development of proposal for OPM -- March 1984.